

**CLAIMS ONLY**

**Application Number**

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No. 10/081,872  
Filing Date

6-24-06

CLAIMS

6-24-06

1 cont.

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102	1					
103	1					
104	1					
105	1					
106	1					
107	1					
108	3					
109						
110						
111						
112	3					
113	3					
114	3					
115	3					
116	3					
117						
118	3					
119	3					
120	3					
121	3					
122	1					
123	1					
124	1					
125	2					
126	1					
127	1					
128	1					
129	1					
130	1					
131	1					
132	1					
133	1					
134	1					
135	1					
136	1					
137	1					
138	2					
139	2					
140	2					
141	2					
142	2					
143	6					
144	1					
145	1					
146	1					
147	3					
148	3					
149	3					
150	3					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		████████		████████		████████

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151	3					
152	3					
153	3					
154	3					
155	3					
156	3					
157	3					
158	3					
159	3					
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161	3					
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197						
198						
199						
200						
TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	154	←		←		←
TOTAL CLAIMS	165	████████		████████		████████